



APPLICATION OF EMPLOYMENT

CITY OF LAUDERHILL
2000 City Hall Drive
Lauderhill, FL 33313
(954) 730-3090/Fax# (954) 730-4240

DEPARTMENT USE ONLY:

APPLICATION NUMBER _____

DATE RECEIVED _____

VETERAN'S PREFERENCE _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/AMERICANS WITH DISABILITIES ACT EMPLOYER
DRUG-FREE WORKPLACE

RESUMES MAY NOT SUBSTITUTE FOR THE COMPLETE APPLICATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION FOR EMPLOYMENT.

POSITION(S) APPLIED FOR: _____

Name (last) _____ (first) _____ (m.i.) _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS (no./street) _____ (city) _____ (state/zip) _____

TELEPHONE (home) _____ (business) _____ HOW LONG AT ABOVE ADDRESS? _____

Are you a U.S. Citizen? ____yes ____no MINIMUM SALARY REQUIREMENT _____
If no, list alien registration number. _____

Have you ever been employed by the City of Lauderhill? ____yes ____no If so, when? _____ Department? _____
Are you related to anyone working with the City of Lauderhill? ____yes ____no If yes, please provide the following information. _____

Name _____ Relationship _____ Department _____

I will be willing to work: ____Full-time ____Part-time ____Temporary ____Seasonal ____Schedule other than Mon.-Fri.? ____Shift Work? ____Overtime? ____Emergency Call-Back? _____

Since your 18th birthday, have you ever been convicted of a crime or misdemeanor in military or civilian court? ____yes ____no If yes, briefly describe the circumstances of your conviction, indicating the date, nature and disposition of the case. Do not include arrests without conviction or minor traffic violations. NOTE: An affirmative answer will not preclude employment. _____

VETERAN'S INFORMATION

Are you presently or have you been a member of the U.S. Military? ____yes ____no If yes, BRANCH OF SERVICE: _____
Date Entered: _____ Date Separated: _____ Rank: _____ Specialty: _____
Type of Discharge: _____ % of Disability if any: _____
Are you claiming Veteran's Preference points? ____yes ____no If yes, please be sure to complete attached card.

CITY MISSION: To make the City of Lauderhill a secure, clean, and desirable place to live, work and visit by providing for a continually improving wide range of city services; to encourage a community that retains and promotes employment opportunities, economic growth and improved quality of life, where people of diverse cultural backgrounds and incomes, peacefully interrelate.

DRIVING RECORD

DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE? yes no Number

Type of License: Commercial A B C Not Applicable Non-Commercial D(Chauffeur) E (Operator) DATE ISSUED:

State in which issued? Has your license ever been suspended? yes no If so, when?

Reason:

Has your license ever been revoked? yes no If so, give dates and reason:

List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.

Have you ever completed a Defensive Driving Course? yes no If so, when?

EDUCATION AND TRAINING

Do you have a High School Diploma? yes no School Name & Address Did you graduate? (If no, list highest grade completed) Dates Attended From To Degree/Certificate GPA

High School/GED/Issuing Agency: yes no mo./yr. mo./yr.

Jr. College, Technical, Vocational: yes no mo./yr. mo./yr.

College or University: yes no mo./yr. mo./yr.

Graduate School: yes no mo./yr. mo./yr.

ACADEMIC ACHIEVEMENTS & ACTIVITIES: Please list academic honors, scholarships or memberships; and any campus, professional and/or community organizations you consider significant.

If applicable to position, list typing speed: Shorthand Speed: Last Date (approx.) Tested:

EMPLOYMENT HISTORY - **(Please complete employment history in detail requested, even if resume is attached.)******

Please account for the last 10 years of employment. (Attach additional sheets if necessary)

MOST RECENT OR CURRENT JOB - May we contact your present employer regarding your record of employment? ____yes ____no

<u>Your Title</u>	<u>Name & Address of Company</u>	<u>Telephone #</u>	<u>Date Started</u>	<u>Date Left</u>	<u>#Yrs./#Mos.</u>
					<div><div></div><div></div></div>

<u>Name & Title of Supervisor</u>	<u>Hrs. per wk.</u>	<u>Start Salary</u>	<u>End Salary</u>
Describe your job duties in detail:			

Reason for Leaving:

PREVIOUS JOB

<u>Your Title</u>	<u>Name & Address of Company</u>	<u>Telephone #</u>	<u>Date Started</u>	<u>Date Left</u>	<u>#Yrs./#Mos.</u>
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Describe your job duties in detail:			

Reason for Leaving:

Have you ever been fired or forced to resign? ____yes ____no If so, explain: _____

GENERAL INFORMATION

- 1. The health of an applicant may be relevant to the applicant’s ability to perform the essential functions and responsibilities of a particular job or position. To that extent, the City may require a post-offer medical examination of an applicant. Any offer of employment is conditioned upon the results of said medical examination.
- 2. The City reserves the right to conduct any tests required to determine whether an applicant is currently engaged in the use of illegal drugs or alcohol. No employee of the City is permitted to use illegal drugs or to be under the influence of illegal drugs or alcohol during work hours. Any offer of employment or continued employment is conditioned upon the results of any such drug or alcohol test.
- 3. I hereby certify the information contained in this application is true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection of this application or dismissal. I authorize the use of any information in this application to verify my statements or to obtain information about me, and authorize all my previous employers and other persons, including but not limited to school authorities, having information about me to release such information to the City of Lauderhill. I hereby knowingly and voluntarily consent to have the City of Lauderhill conduct a criminal background check of my person and I acknowledge any information derived from this background check may be used in conjunction with this application. I hereby agree to release the City of Lauderhill, Florida, from and against any and all claims, causes of action, or liability of whatsoever kind or nature, which I now have or may have in the future, arising out of, or in connection with, the City of Lauderhill obtaining, or being provided with, information about me in connection with this application for employment. Without signature, this application is not acceptable.

_____/_____/_____
Signature of ApplicantDate

ADDITIONAL INFORMATION: (if needed)

Please print all Information

Date _____ Position Applied for _____ Application # _____

Name _____ Phone () _____
Last First M.I.

Address _____
Street City State Zip

Soc. Sec.# _____ Sex - M ___ F ___ Birth Date _____

Racial Identification	Please Indicate Where you Learned About This Position		
____ White	____ Sun-Sentinel	____ City of Lauderhill	____ Internet
____ Black (African Descent)	____ Miami Herald	____ Walk In	____ Job Line
____ Hispanic	____ Job Announcement		
____ American Indian	Professional Publication _____		
____ Asian/Pacific Islander	City Employee _____		
____ Other _____	Other _____		

Confidential Applicant Information Card/EEO Policy

Applicants are assessed for those qualifications directly related to the job applied for without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability. In order that we may comply with Federal/State equal employment record keeping and reporting requirements, this form must be completed by all applicants. This card and information contained is kept in a confidential file and is **not** used in the employment selection process. Applications will not be accepted if this **Confidential Application Information Card** is not completed at the same time.

VETERANS:

Have you claimed and been employed through veterans' preference since 10/1/87? ____yes ____no

If yes, give name of employer: _____

You need not provide any information relating to any physical condition or other impairment arising from your military experience. If your DD214 has medical information, it will not be used to evaluate your application.

1. Are you a veteran entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability of 30% or more? ____yes ____no
2. Are you a veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense? ____yes ____no
3. Are you the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power? ____yes ____no
4. If a veteran of any war, as defined in Section 55A-7.003(11) of the Rules, did you serve 180 consecutive days or more since 1/31/55, and was discharged or separated therefrom with an honorable discharge from our U.S. Armed Forces if any part of such active duty was performed during the wartime era. Active duty for training shall not be allowable. Did you serve on active duty 1 day during the Persian Gulf War between 8/2/90 and 2/27/91? ____yes ____no
5. Are you the unmarried widow or widower of a veteran who died of a service-connected disability? ____yes ____no

VETERANS POINTS: If you are claiming veterans preference points, please attach hereto copy of your Honorable Discharge certificate (DD214 or similar). Also check the "Employment Opportunities" announcement posted for the position for which you are applying.

Signature

Date